P03000013871

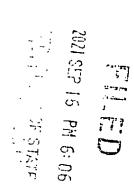
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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone #	<i>‡</i>)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	-
Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Elite Support Care	, Inc.		
	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Leticia Sanchez			
		Name of Contact Person	-	
	Efite Support Care, Inc.			
		Firm/ Company		
	10180 SW 28 Street			
		Address		
	Miami, FL 33165			
		City/ State and Zip Code		
	Leticia@elitesupportcare.com	n		
	• •	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas		266-9057	
Name	of Contact Person	at (Area Coc	266-9057 le & Daytime Telephone Number	
Enclosed is a check for	or the following amount made			
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Flite Suprovt Care Inc

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

FILED

to

rate support care, me.			- +-	THE BUSE
(Name	of Corporation as curren	tly filed with the Florida I	Dept: of State)	5
P03000013871			FOR SEL 19	PH 6: 06
	(Document Number	of Corporation (if known)		OF STATE
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporatio	n adopts the foll	owing amendment(
A. If amending name, enter the new n	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	lorp," "Inc," or "Co".	A professional corporation	ed" or the abbre in name must c	viation "Corp.," ontain the word
B. Enter new principal office address,	if applicable:	10300 SW 72 Street S	uite 182	
(Principal office address <u>MUST BE A S</u>		Miami, FL 33173	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
·				
D. If amending the registered agent an new registered agent and/or the new			name of the	
new registered agent and/or the ne	e registered office moure.	. <u></u>		
Name of New Registered Agent				
	10300 SW 72 Street Suite	: 182		
	(Florida s	treet address)		
New Registered Office Address:	Miami		Florida 331	73
New Registered Office Address.		(City)	1101104	(Zip Code)
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obliga	tions of the posi	tion,
	Signature of Vone	Registered Agent, if changi	****	
	Mgnature of New	кехіметей яхет, у спаную	ng	
Check if applicable				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) N/A Change	N/A	N/A		N/A	
Add					
Remove					
2) Change					
Add					
Remove 3) Change		_			_
Add					_
Remove					
4) Change		_	<u> </u>		
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change			_		
Add					
Pamous					

F. If amending or a (Attach additional)	adding additional A il sheets, if necessary)	rticles, enter cha). (Be specific)	nge(s) here:			
N/A		. r = - y r				
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provisions for	nt provides for an ex implementing the an	change, reclassi nendment if not	contained in the	enation of issued amendment its	<u>i snares,</u> elf:	
(if not appl	icable, indicate N/A)					
N/A 						
<u> </u>		· ·			-	

. . .

•	N/A		
The date of each amendment(s):	adoption:		, if other than the
date this document was signed.			
N/.	A		
Effective date <u>if applicable</u> :	(no more than 90 days after ame	ndment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory fi Department of State's records.	ling requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of director	s without shareholder action and sh	nareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of vote sufficient for approval.	s cast for the amendment(s)	
	oproved by the shareholders through voting group reach voting group entitled to vote separately to		
"The number of votes cas	t for the amendment(s) was/were sufficient for	approval	
by N/A			
	(voting group)	·	
N/A			
Dated			
Signature / A	ticia Sanchez		
(By a select	director, president or other officer – if directors ed, by an incorporator – if in the hands of a recented fiduciary by that fiduciary)		-
	Leticia Sanchez		
	(Typed or printed name of person s	giguing)	
	President		
	(Title of person signing)	-	